

PHYSICAL SERVICE LOCATION FORM



Please complete a form for each physical service location and clinician and send it with your Evernorth Behavioral Health, Inc. Screening Application to BehavioralOutpatientClinic@Evernorth.com.

Provider number:		<input type="checkbox"/> Add <input type="checkbox"/> Remove		Doing Business as (DBA) name:			
Street:			Suite:	City:		State:	Zip Code:
Telephone Number:		Fax Number:	Taxpayer Identification Number (TIN):		National Provider Identifier (NPI):		
Languages spoken at this location:							
Appointment availability: <input type="checkbox"/> Crisis stabilization 24/7 <input type="checkbox"/> Crisis stabilization non-24/7 <input type="checkbox"/> Intermediate care (urgent) <input type="checkbox"/> Meet and greet (non-physician only) <input type="checkbox"/> Family planning provider		Please indicate the populations served at your clinic: <input type="checkbox"/> Children ages 1-5 <input type="checkbox"/> Children ages 6-12 <input type="checkbox"/> Adolescents ages 13-17 <input type="checkbox"/> Adults ages 18+ <input type="checkbox"/> Geriatric ages 60+			Essential Community Provider (if Yes, select one below): <input type="checkbox"/> Family planning provider <input type="checkbox"/> Federally qualified health center <input type="checkbox"/> Indian health provider <input type="checkbox"/> Other Essential Community Provider <input type="checkbox"/> Ryan White provider		
Is the building handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Clinicians to be credentialed and assigned to this location: Note: If this service location is a community mental health center, do NOT complete this section.							
Evernorth provider number (if available)	Name	NPI	License type	Degree			

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